

# REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD 000841262

Company Name: METRO NORTH NEW HAVEN

Date of Request: \_\_\_\_\_

Town: NEW HAVEN

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation	METRO NORTH NEW HAVEN	CONRAIL NEW HAVEN CAR REPAIR SHOP	PER STATUS CHANGE REQUEST
II. Location of Installation			
III. Mailing Address of Installation	3 BREWERY ST NEW HAVEN CT	2001 MARKET ST P O BOX 41403 PHILADELPHIA PA 19101-1403	
IV.a. Installation Contact's Name	R L CRONK	WALTER MICHAEL	
b. Installation Contact's Title		MGR ENV QUALITY	
c. Installation Contact's Phone	203/555-1212	215/209-1696	
V.a. Ownership			
b. Property Owner			
VI. Status	<p>Originally notified as: (please circle)</p> <p>    SQG ( &lt;100 kg/month )</p> <p>    SQG (100 - 1000 kg/month)</p> <p>    Generator ( &gt;1000 kg/mth)</p> <p>    Transporter</p> <p>    T/S/D Facility</p>		
		Change Status to:	

RCRA RECORDS CENTER  
FACILITY Conrail New Haven  
I.D. NO. CTD 000841262  
FILE LOC. R-1A  
OTHER \_\_\_\_\_

TS/V  
3/10/95  
Q.C.  
3/15/95



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•CTD000841262

INSTALLATION ADDRESS

CONRAIL-NEW HAVEN CAR REPAIR SHOP  
#3 BREWERY ST  
NEW HAVEN CT 06511  
#3 BREWERY ST  
NEW HAVEN CT 06511

11/04/80





U.S. ENVIRONMENTAL PROTECTION AGENCY

## NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER: CTDC00084126221  
APPROVED: A  
DATE RECEIVED (yr., mo., & day): 800818

## I. NAME OF INSTALLATION

CONRAIL-NEW HAVEN CAR REPAIR SHOP AUG 18 11 32 AM '80

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

#3 BREWERY ST

CITY OR TOWN

NEW HAVEN

ST.

ZIP CODE

CT 06511

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

#3 BREWERY ST

CITY OR TOWN

NEW HAVEN

ST.

ZIP CODE

CT 06511

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

R L CRONK

PHONE NO. (area code &amp; no.)

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

PENN CENTRAL TRANSPORTATION CORP

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

*D. A. Swanson*

NAME & OFFICIAL TITLE (type or print)

✓ DONALD A. SWANSON  
VICE PRESIDENT TRANSPORTATION

DATE SIGNED

AUG 15 1980



10/90

REQUEST FOR CHANGE

EPA ID #: CTD 000841262

COMPANY NAME: Conrail New Haven Car RepairDate of Request: 7/22/91

New Haven

TOWN: \_\_\_\_\_

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
I*	Name of Installation	Conrail New Haven Car Repair Shop	Metro-North New Haven Car Repair Shop	per 1990 fee payment 
II**	Location of Installation			
III	Installation Mailing Address			
IV a.	Installation Contact's Name			
b.	Installation Contact Title			
c.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notified as:)  SQG (<100 kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	

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